

| (Number of Sites) |
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| (Number of Sites) FEES: Subdivision Control\$1,872.00 FOR OFFICIAL USE ON APR - 2 AM |
| Plus \$10.90 per site in excess of 6 sites\$ |
| Sub-Total\$ 2082 00 A 14/06 |
| Concurrency Review Fee(*6.00% of Sub-Total)-\$ 124 97 *Not applicable within Municipalities #2 |
| *Not applicable within Municipalities Total Processing Fee\$2,206 Tentative No. T- |
| |
| APPLICATION FOR PLAT OF SUBDIVISION DEVELOPMENT |
| Municipality MiAMi-DADE sec. 16 Twp. 54 s. Rge. 39 E. |
| 1. Name of Proposed Subdivision CASTELLANOS AT COPAL WAY No. 2 |
| 2. Owner's Name: CASTELIANOS AT CORAL WAY Phone (305) 222-1516 |
| Address 2732 SW 140 AVE City MiAMI State FL zip Code 33175 |
| 3. Surveyor's Name: AMERICAN SERVICES Phone (305) 554-6963 |
| Address 2450 SW 137 AVE. Toty MiAMi state L zip code 33175 |
| 4. Legal Description of Parent Tract Folio No. 30 - 4916 - 000 - 0023 |
| N/2, N/2, NE/4, NE/4 LESS NORTH 40 FT & WEST 25 FT 5. Street boundaries: SW 26th St. & SW 140 AVE |
| |
| 6. Present Zoning: RU-5A |
| 7. Proposed use of Property: Single Family Res.(Units), Duplex(Units), Apartments(Units), Industrial/Warehouse(Sq.Ft.), Business(Sq.Ft.), Office(9/872 Sq.Ft.), Restaurant(Sq.Ft. & No. Seats), Other(Sq.Ft. & No. of Units) |
| NOTE: List all plat restrictions zoning conditions or any other declaration, restriction, condition etc. that might affect this Tentative Plat. |
| I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 4 and that the information contained in this application is true and correct to the best of my knowledge and belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to furnish additional items as may be necessary such as abstract or opinion of title to determine accurate ownership information. |
| Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development. If so required, I recognize that engineering drawings for the extension of these utilities must be approved by the appropriate utility entity and by D.E.R.M. prior to the approval of the final plat. |
| STATE OF FLORIDA) |
| SS: Signature of Owner: |
| (Print name & Title here): Mario CAS tellanos |
| BEFORE ME, personally appeared Mario Castellanos this 3 day of April , 2016 A.D. and |
| (he/she) acknowledged to and before me that (he/she) executed the same for the purposed therein. Personally known or |
| produce as identification and who did (not) take an oath. |
| 3 |
| WITNESS my hand and seal in the County and State last aforesaid this day of APRIL, 2016 A.D. |
| Signature of Notary Public: |
| Notacy Duthlic State of Florida |
| Jenifer June Coello (Print, Type name nere: |
| My Commission DD513377 Expires 02/01/2010 DD 513377 |
| (NOTARY SEAL) (Commission Expires) (Commission Number) |
| |

Note: The reverse side of this sheet may be used for a statement of additional items you may wish considered.

REV. 1- 10/01/2006